

## Tool #12

### Partner Commitment Form

### ORGANIZATIONAL COMMITMENT FORM

The development of a Comprehensive Cancer Control Plan for Maine depends upon the commitment of organizations from across the state, which are interested in cancer. Each organization participating in the Maine Consortium for Comprehensive Cancer Control is asked to make a commitment to actively participate throughout the planning process.

Organizations will need to designate one individual and a proxy, who will be able to communicate progress and information and can speak to the organization's commitment to various elements of the plan as it unfolds.

Please fill in the following information, so that we may know 1) which organization you represent which has agreed to commit itself to this process and 2) how we may reach you and your proxy.

**Name of Organization  
Committed to the Maine  
Consortium for  
Comprehensive Cancer  
Control:**

**Organization Address:**

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#### Designated Representative

#### Designated Proxy

Name 

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Address 

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Phone 

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Fax 

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Email 

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Please indicate if you or others from your organization are interested in being a member of one (or more) of the following workgroups:

- ☐ Primary Prevention
- ☐ Early Detection
- ☐ Treatment
- ☐ Survivorship/rehabilitation
- ☐ Palliation

Fax to: XXXXXXXXXXXXX  
(XXX) XXX-XXXX